UNITED S	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	For New Member	FORM B For New Members, Candidates, and New Employees	POSTEGAR ILLEGO	Page 1 of
Name:	Nina Becker	Daytime Telephone:	one:	2021 OCT -	2021 OCT -7 AM 10: 30
FLEX	New Member of or Cendidate for State: U.S. House of Representatives District: Candidates – Date of Election:		Check if Amendment	S.S. HOUSE U.F.I Office 1	SEED OF THE GLEAR SENDING OF REPRESENTATIVES (Office Use Only)
STATUS	New Officer or Employee Staff Fill Employing Office: Shared	Staff Filer Type (if Applicable): Shared Principel Assistant	Period Covered: January 1,	A \$200 penaty shall be assessed against any individual who files more than 30 days late.	assessed against any yrs than 30 days late.
PRELIMIN	PRELIMINARY INFORMATION — ANSWER <u>EACH</u> OF THESE QUESTIONS	F THESE QUES	STIONS		
A. Did you, yo a. Own any eith of th b. Receive a	A. Did you, your spouse, or your dependent child: a. Own any reportable assist that was worth more than \$1,000 at this end of the reporting period? or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	No No	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	filing?	Yes ON X
C. Did you or you honoraria, or pen reporting period?	C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes reporting period?		F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?		S S
D. Did you, yo liability (more t	D. Did you, your spouse, or your dependent child have any reportable Yes liability (more than \$10,000) at any point during the reporting period?	N _S	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?		Yes
	ATTACH THE CORRESPONDING SCHEDULE IF YOU THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE	HE SCHEDULES	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	COMPLETE	
EXCLUSION	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BOTH</u> OF THESE QUESTIONS	T INFORMATIO	N - ANSWER BOTH OF THESE	QUESTIONS	
TRUSTS - De from this repor	TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" refrom this report details of such a trust that benefits you, your spouse, or dependent child?	e on Ethics and certain o	other "excepted trusts" need not be disclosed. Have you excluded		Ves
EXEMPTION : exemption? D	EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	income, or liabilities of littee on Ethics.	a spouse or dependent child because they meet all three tests for		Yes I No

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Use additional sheets if more space is required.					ABC Hadra Sind	Francise: Simon & Schuster.	DC, Meen Con Stock	89.	For bank and other cash accounts, total the amounts in all interest-bearing accounts. If the total is over \$5,000, fat every financial institution where there is more than \$1,000 in interest-bearing accounts. For rental and other real property haid for investment, provide a complete address or description, e.g., "rental property," and a city and state. For an ownership interest in a privately-haid business that is not publicly traded, state the name of the business, she nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal adversarial including the Thrift Savings Plan. If you report a privately-traded fund that is an Excepted investment Fund, please check the "EIF tool." If you ac checke, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly haid with anyone (JT), in the opplocat column on the fat left. For a detailed discussion of Schedule A requirements, piecese refer to the instruction booklet.	For all IRASe and other refreement pleas (such as 401(k) pleas) provide the value for each asset held in the account that arroads the providing thresholds.	Provide complete names of stocks and mutual funds (do not use only ticker symbols).		2	Assets and/or income Sources	BIOCKA
~[I	\geq	ζ,	None >		3 6	Lase a valuation method other than fair market value, please apacity the method used. If an asset was sold during the reporting period and is included only because it generated income, the value should be "None."	Indicate value of asset at close of the reporting period. If you		7
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SCHEDULE A - ASSETS & " UNEARNED

SCHEDULE C - EARNED INCOME

Name: Nino Brcker Page ___of__

Source (include date of receipt for honoraria) Examples: Control Association Baltimon. MD (Adv. 15) Control Court Barrier Control Court Barrier State Association Court State Court Court Barrier Court Court Court Barrier Court Co	ICOME LIMITS and PROHIB arned income for Members and payments for professionals	INCOME LIMITS and PROHIBITED INCOME: Be advised that the outside earned income limit and prohibitions on types of income may apply to you after you are on House payroll. The 2020 limit on outside earned income for Members and employees compansated at or above the "senior staff" rats was \$28,845. The 2021 limit is \$29,595. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiductary relationship) are totally prohibited for Members and senior staff.	prohibitions on types of income n 28,845. The 2021 limit is \$29,59 embers and senior staff.	nay apply to you after you are on Ho 5. In addition, certain types of Incorr	use payroll. The 2020 limit on outside is (notably honoraria, director's fees,
ABC Trade Association, Baltimore, MD Liber 15) Salan Addisonable (Crist 2), Chall for Salam Barrel of Education.				All Allian to second Allian	Amount
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SCHEDULE D - LIABILITIES

Name:

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. "Column K is for liabilities held solely by your spouse or dependentchild.

		SP. DC, JT		
J. ()	Example			
Slapes artsac yo the	First Bank of Wilmirgton, DE	Creditor		
5-2015	5/20	Liability Incurred MO/YR	}	·
ROSHAMON	Mortgage on Rental Property, Dover, DE	Type of Liability		
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		Over \$50,000,000		
		Over \$1,000,000* (Spouse/DC	*	

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

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Name of Organization	Position

SCHEDULE F - AGREEMENTS

Name: Kecker Page (/) 6

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former

Date	Parties to Agreement	Terms of Agreement
	A	

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

grade the second	
Source (Name and City/State)	Brief Description of Duties
Exemple: Doe Jones & Smith, Hometown, State	Accounting Services
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